

WAGE PROTEST

Send by **fax** to 602-532-5564 or **email** to UITAXWAGE.PROTEST@AZDES.GOV

Your Name (*Last, First, M.I.*) _____

Last 4 Digits of Your SOC.SEC.NO. _____

MY WAGES ARE MISSING FROM THE EMPLOYER LISTED BELOW.

Note: You must submit a separate Wage Protest if you are missing wages from more than one (1) employer.

Business Name _____

Employer's Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Employer's Phone NO. _____ Job Site/Location _____

Supervisor's Name _____

What Kind of Work Did You Do? _____

Hire Date _____ Termination Date _____

Additional Information _____

THE WAGES FROM THE EMPLOYER(S) LISTED BELOW ARE NOT MINE:

Employer's Name (*As shown on your wage statement*) _____

Employer's Name (*As shown on your wage statement*) _____

Employer's Name (*As shown on your wage statement*) _____

Employer's Name (*As shown on your wage statement*) _____

Please allow 21 days for these changes to be made. After wages are added or deleted a revised Wage Statement will be issued to you.

THIS SECTION FOR DEPARTMENT USE ONLY

Employer Number _____	Wages already processed (GUIDE) New Coverage Late Reporting		
NO WAGES/NO ADDITIONAL WAGES BECAUSE: No proof/not verifiable Correct/reported when paid Correct as reported ER not liable or other <i>(specify):</i> EMPLOYMENT NOT COVERED – Claimant was: Self-employed/independent contractor In excluded employment CLAIMANT WAS AN EMPLOYEE Determination—UC-016-A: Sent Will be sent Not sent	QUARTERLY TOTAL WAGES		
	Qtr.	Yr.	Amount

Other/Comments _____

Examiner's Name _____ Date _____

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities
• To request this document in alternative format or for further information about this policy, contact your local office; TTY/
TDD Services: 7-1-1